

Best Available Copy

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | | SERIAL NO. | | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|------|--|--------------|------|-------------|------|
| | | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
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| 14 | | | | | | | | | | | |
| 15 | 2 | | | | | | | | | | |
| 16 | 1 | | | | | | | | | | |
| 17 | 1 | | | | | | | | | | |
| 18 | 1 | | | | | | | | | | |
| 19 | 2 | | | | | | | | | | |
| 20 | 2 | | | | | | | | | | |
| 21 | 2 | | | | | | | | | | |
| 22 | 2 | | | | | | | | | | |
| 23 | 2 | | | | | | | | | | |
| 24 | 2 | | | | | | | | | | |
| 25 | 2 | | | | | | | | | | |
| 26 | 0 | | | | | | | | | | |
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| 35 | 0 | | | | | | | | | | |
| 36 | 1 | | | | | | | | | | |
| 37 | 1 | | | | | | | | | | |
| 38 | 2 | | | | | | | | | | |
| 39 | 2 | | | | | | | | | | |
| 40 | 2 | | | | | | | | | | |
| 41 | 2 | | | | | | | | | | |
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| 47 | 2 | | | | | | | | | | |
| 48 | 2 | | | | | | | | | | |
| 49 | 0 | | | | | | | | | | |
| 50 | 2 | | | | | | | | | | |
| TOTAL IND. | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS